



## Missouri Pharmacy Program – Preferred Drug List



### ***Proton Pump Inhibitors:***

***Effective 10/14/2004***

***Revised 07/06/2006***

#### **Preferred Agents**

- Prilosec OTC®
- Aciphex
- Zegerid®

#### **Non-Preferred Agents**

- Nexium®
- Prevacid®
- Prevacid® Naprapac
- Prevacid® Suspension
- Omeprazole
- Prilosec® Rx
- Protonix®

<b><u>Approval Criteria</u></b>	<b><u>Denial Criteria</u></b>
& Failure to achieve desired therapeutic outcomes: <ul style="list-style-type: none"><li>&gt; with documented trial period with H2 Antagonist therapy (excluding specific diagnoses-see listing page 2)</li><li>&gt; with documented trial period on OTC Prilosec® as first line therapy after H2 Antagonist trial (excluding specific diagnoses-see listing page 2)</li><li>&gt; with documented trial period on preferred agents after OTC Prilosec® trial allows access to non-preferred PPI agent</li></ul>	& Lack of adequate trial on required preferred agents.
& Documented ADE/ADR to preferred agents	& Therapy will be denied if no approval criteria are met.
& Documented compliance on current therapy regimen.	& Drug Prior Authorization Hotline: (800) 392-8030.
& See Page 2 for additional approval criteria information	

## Approval Criteria

### Reference Drug Product: OTC Prilosec® (Omeprazole)

- Patient currently approved for a non-reference PPI product that demonstrates therapy compliance,
- Trial and failure on Ranitidine Tablets (or approved H2 antagonist),
- Patient has documented adverse drug event to the reference PPI product,
- Patient has documented therapeutic failure to the reference PPI product,
- Patient currently prescribed a non-reference PPI product with history of an adequate trial period with reference PPI product

Approval Diagnoses				
Condition	Submitted ICD-9 Diagnoses	Inferred Drugs	Date Range	Client Approval (Initials)
Barrett's Esophagus	530.2	--	720 days	
Drug-Induced Ulcer	531.40	--	720 days	
Zollinger Ellison Syndrome	251.5	--	720 days	
Mastocytosis	202.6 – 202.68	--	720 days	
Erosive Esophagus	530.1 – 531.10	--	720 days	
Endocrine Neoplasm	227 237	--	720 days	
Peptic Ulcer Disease	533.0 - 533.9	--	720 days	
GERD	530.81 530.10 – 530.19	--	720 days	
Hiatal Hernia	551.3 552.3 – 553.3	--	720 days	
Upper GI Bleed	578.0 – 578.9	--	720 days	
Pancreatic Insufficiency	579.4	Pancreatic Enzymes	720 days	
Cystic Fibrosis/Pancreatic Insufficiency w/ Steatorrhea	277.00 - 277.03 577.8 579.4	--	720 days	

### Additional Approval Criteria information:

- Positive H-Pylori –
  - Requires concurrent PUD diagnosis
  - No required H2 antagonist or reference PPI trial (entire class available or Prevpac)
- GERD – Nursing home patients are approved for reference PPI without mandatory trial/failure on H2 antagonist.
- Hiatal Hernia – requires concurrent GERD diagnosis
- Pancreatic Insufficiency – requires pancreatic enzyme therapy within the last 45 days
- Cystic Fibrosis – DX = pancreatic insufficiency with or without steatorrhea
  - Pancreatic enzyme therapy within the last 45 days
- Chemotherapy Induced Gastropathy – DX = CA (or inferred CA) with gastritis (gastropathy)
- Pregnancy – Reference PPI trial not mandatory (entire PPI class available)